## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: LAVAUN H MUELLER (0010152)

Address: 15190 W FENWAY DR, NEW BERLIN, WI 53151

**License Status: REGULAR** 

Licensed/Certified/Registered 09/03/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

## **Survey History**

Survey ID: 0091002 End Date: 09/03/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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